Case 16-18652 Doc 1 Filed 06/06/16 Entered 06/06/16 12:36:54 Desc Main Document Page 1 of 52

| Fill in this information to identify your case: | | |
|---|-------------------------------|---------------------------------|
| United States Bankruptcy Court for the: | | |
| NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION | | |
| Case number (if known) | Chapter you are filing under: | |
| | Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint* case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | t 1: Identify Yourself | | |
|-----|--|--|---|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | |
| | Write the name that is on your government-issued picture identification (for example, your driver)'s | Matthew First name B | First name |
| | license or passport). | Middle name | Middle name |
| | Bring your picture identification to your meeting with the trustee. | Strelow Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III) |
| 2. | All other names you have used in the last 8 years | | |
| | Include your married or maiden names. | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-1067 | |

Entered 06/06/16 12:36:54 Page 2 of 52 Case 16-18652 Doc 1 Filed 06/06/16 Desc Main Document

Case number (if known)

Debtor 1 Strelow, Matthew B

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
|----|--|---|---|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | ■ I have not used any business name or EINs. Business name(s) EINs | ☐ I have not used any business name or EINs. Business name(s) EINs |
| 5. | Where you live | 17436 Yakima Dr Lockport, IL 60441-8833 | If Debtor 2 lives at a different address: |
| | | Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code |
| | | Will County If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | County If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code |
| 6. | Why you are choosing this district to file for bankruptcy | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) | Check one: ☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) |
| | | | |

Entered 06/06/16 12:36:54 Page 3 of 52 Doc 1 Filed 06/06/16 Desc Main Case 16-18652

Document Case number (if known) Debtor 1 Strelow, Matthew B

| Par | Tell the Court About Y | our Ba | nkruptcy Ca | se | | | | |
|-----|--|---|-----------------|---|--|--|--|--|
| 7. | The chapter of the Bankruptcy Code you are | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. | | | | | | |
| | choosing to file under | ■ Ch | napter 7 | | | | | |
| | | ☐ Ch | napter 11 | | | | | |
| | | ☐ Ch | napter 12 | | | | | |
| | | | napter 13 | | | | | |
| | | | • | | | | | |
| 8. | How you will pay the fee | | about how you | u may pay. Typica y is submitting yo | ally, if you are paying the fee yourse | with the clerk's office in your local court for more details elf, you may pay with cash, cashier's check, or money order torney may pay with a credit card or check with a | | |
| | | | | the fee in installments. If you choose this option, sign and attach the Application for Individuals to Paynstallments (Official Form 103A). | | | | |
| | | | - | • | • | nly if you are filing for Chapter 7. By law, a judge may, but is | | |
| | | | not required to | o, waive your fee, | and may do so only if your income | is less than 150% of the official poverty line that applies to If you choose this option, you must fill out the <i>Application</i> | | |
| | | | | | ee Waived (Official Form 103B) ar | | | |
| | | | | | | | | |
| Э. | Have you filed for bankruptcy within the last | ■ No | | | | | | |
| | 8 years? | ☐ Yes | S. | | | | | |
| | | | District | | When | Case number | | |
| | | | District | | When | Case number | | |
| | | | District | | When | Case number | | |
| 10. | Are any bankruptcy cases | ■ No | | | | | | |
| | pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ☐ Yes | | | | | | |
| | | | Debtor | | | Relationship to you | | |
| | | | District | | When | Case number, if known | | |
| | | | Debtor | | | Relationship to you | | |
| | | | District | | When | Case number, if known | | |
| | | | | | | | | |
| 11. | Do you rent your residence? | ■ No | . Go to I | ine 12. | | | | |
| | residence: | ☐ Yes | s. Has yo | ur landlord obtain | ed an eviction judgment against yo | u and do you want to stay in your residence? | | |
| | | | | No. Go to line 1 | 2. | | | |
| | | | | Yes. Fill out <i>Initi</i> bankruptcy petit | | dgment Against You (Form 101A) and file it with this | | |

Debtor 1 Strelow, Matthew B Document Page 4 of 52 Case number (if known)

| Par | Report About Any Bus | sinesses \ | You Own | as a Sole Proprietor | | |
|-----|---|------------------------|--|--------------------------------------|--|--|
| 12. | Are you a sole proprietor of any full- or part-time business? | ■ No. | Go to | Part 4. | | |
| | | ☐ Yes. | Name | and location of busine | ess | |
| | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | Name of business, if any | | | |
| | If you have more than one sole proprietorship, use a separate sheet and attach it | | Numb | per, Street, City, State & | & ZIP Code | |
| | to this petition. | | Chec | k the appropriate box to | o describe your business: | |
| | | | | Health Care Business | s (as defined in 11 U.S.C. § 101(27A)) | |
| | | | | Single Asset Real Es | tate (as defined in 11 U.S.C. § 101(51B)) | |
| | | | | Stockbroker (as defin | ed in 11 U.S.C. § 101(53A)) | |
| | | | | Commodity Broker (a | s defined in 11 U.S.C. § 101(6)) | |
| | | | | None of the above | | |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? | deadlines operation | e filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate s. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of ns, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 1 116(1)(B). | | | |
| | For a definition of small | ■ No. | I am ı | not filing under Chapter | 11. | |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | I am f Code | • | but I am NOT a small business debtor according to the definition in the Bankruptcy | |
| | | ☐ Yes. | I am f | iling under Chapter 11 | and I am a small business debtor according to the definition in the Bankruptcy Code. | |
| Par | t 4: Report if You Own or | Have Any | Hazardo | us Property or Any Pr | operty That Needs Immediate Attention | |
| 14. | Do you own or have any | ■ No. | | | | |
| | property that poses or is alleged to pose a threat of imminent and identifiable | | What is | the hazard? | | |
| | hazard to public health or safety? Or do you own any property that needs immediate attention? | | | liate attention is why is it needed? | | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | Where is | s the property? | umber Cheat City Chat 9 7in Code | |
| | | | | N | umber, Street, City, State & Zip Code | |

Case 16-18652 Doc 1 Filed 06/06/16 Entered 06/06/16 12:36:54 Desc Main Document Page 5 of 52

Debtor 1 Strelow, Matthew B

_

Case number (if known)

 Tell the court whether you have received a briefing about credit counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

Explain Your Efforts to Receive a Briefing About Credit Counseling

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. I am not required to receive a briefing about

I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Filed 06/06/16 Case 16-18652 Doc 1 Entered 06/06/16 12:36:54 Desc Main Document Page 6 of 52 Case number (if known) Debtor 1 Strelow, Matthew B Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C.§ 101(8) as "incurred by an you have? individual primarily for a personal, family, or household purpose." ■ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under ☐ No. I am not filing under Chapter 7. Go to line 18. Chapter 7? Do you estimate that after I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are Yes. any exempt property is paid that funds will be available to distribute to unsecured creditors? excluded and administrative expenses ■ No are paid that funds will be available for distribution ☐ Yes to unsecured creditors? 18. How many Creditors do **1**,000-5,000 **1** 25,001-50,000 1-49 you estimate that you **5001-10.000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ■ More than 100,000 □ 100-199 **200-999** 19. How much do you □ \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your assets to □ \$50,001 - \$100,000 □ \$1,000,000,001 - \$10 billion □ \$10,000,001 - \$50 million be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million 20. How much do you □ \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your liabilities to **□** \$50,001 - \$100,000 □ \$1,000,000,001 - \$10 billion □ \$10,000,001 - \$50 million be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500.001 - \$1 million

Part 7: Sign Below

For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| /s/ Matthew | B Strelow | | |
|--|----------------|-----------------------|--|
| Matthew B Strelow Signature of Debtor 1 | | Signature of Debtor 2 | |
| Executed on | June 6, 2016 | Executed on | |
| | MM / DD / YYYY | MM / DD / YYYY | |

Filed 06/06/16 Entered 06/06/16 12:36:54 Case 16-18652 Doc 1 Desc Main Page 7 of 52 Document Case number (if known)

Debtor 1 Strelow, Matthew B

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ George Lattas | Date | June 6, 2016 | |
|--|---------------|-------------------|--|
| Signature of Attorney for Debtor | | MM / DD / YYYY | |
| | | | |
| George Lattas | | | |
| Printed name | | | |
| George Lattas | | | |
| Firm name | | | |
| | | | |
| 900 N Franklin St Ste 500 | | | |
| Chicago, IL 60610-8104 | | | |
| Number, Street, City, State & ZIP Code | | | |
| Contact phone | Email address | adl@lattaclaw.com | |
| Contact priorie | Email address | gdl@lattaslaw.com | |
| 99999 | | | |
| Bar number & State | | | |

| Fill in this infor | mation to identify your | case: | | | |
|---------------------|--------------------------|-------------------|-------------------------------|-----------------------|---|
| Debtor 1 | Matthew B Streld |)W | | | |
| | First Name | Middle Name | Last Name |) | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | } | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS, EASTERN DIVISION | | |
| Case number | | | | | |
| (if known) | | | | ☐ Check if this is ar | Í |
| | | | | l amended filing | |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

| - | | | |
|-----|---|--------------------|-------------------------|
| Par | t 1: Summarize Your Assets | | |
| | | Your as Value o | ssets f what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 144,000.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 24,932.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 168,932.00 |
| Par | t 2: Summarize Your Liabilities | | |
| | | | abilities t you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column AAmount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 347,869.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e & chedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j & chedule E/F | \$ | 28,590.15 |
| | Your total liabilities | \$ | 376,459.15 |
| Par | t 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income(Official Form 106I) Copy your combined monthly income from line 12 oSchedule I | \$ | 2,347.42 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 2,344.00 |
| Par | t 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your ot | her schedu | les. |
| 7. | ■ Yes What kind of debt do you have? | | |
| | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C§ 159. | ersonal, fan | nily, or household |
| | Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this bo | x and subr | nit this form to the |

court with your other schedules.

Case 16-18652 Doc 1 Filed 06/06/16 Entered 06/06/16 12:36:54 Desc Main Document Page 9 of 52

Debtor 1 Strelow, Matthew B Document Page 9 of 52 Case number (if known)

| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form | |
|----|--|----|
| | 122A-1 Line 11; OR , Form 122B Line 11; OR , Form 122C-1 Line 14. | \$ |

\$______2,837.24

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total claim | 1 |
|--|-------------|------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

| C | ase 16-18652 | DOC 1 | -11ea 06/06/11 - Document | b Entered 06/06/10 Page 10 of 52 | 0 12:36:54 | Desc | Main |
|------------------------------------|--|-----------------------|-------------------------------------|--|-----------------------------------|--------------|---|
| Fill in this info | ormation to identify y | our case and this | | | | | |
| Debtor 1 | Matthew B St | relow | | | | | |
| Dobtor 2 | First Name | Middle | Name | Last Name | | | |
| Debtor 2 Spouse, if filing) | First Name | Middle | Name | Last Name | | | |
| Jnited States E | Bankruptcy Court for th | ne: NORTHERI | N DISTRICT OF ILL | LINOIS, EASTERN DIVISION | | | |
| Case number | | | | | | | Check if this is an |
| | | | | _ | | _ | amended filing |
| Schedu each category | | scribe items. List a | | f an asset fits in more than one c ble are filing together, both are e | | | |
| nformation. If m nswer every qu | ore space is needed, at uestion. | tach a separate sh | eet to this form. On t | he top of any additional pages, v Own or Have an Interest In | | | |
| □ No. Go to F | , , , , | itable interest in an | ny residence, buildinq | g, land, or similar property? | | | |
| 1.1 | | | What is the prope ☐ Single-famil | rty? Check all that apply | Do not deduct se | cured claims | s or exemptions. Put |
| | Takima Dr ss, if available, or other descr | ription | | nulti-unit building um or cooperative | the amount of any | y secured cl | aims on Schedule D: Secured by Property. |
| Lockpo | rt IL | 60441-8833 | ☐ Manufacture ☐ Land | ed or mobile home | Current value of entire property? | ŗ | Current value of the portion you own? |
| City | State | ZIP Code | ☐ Investment ☐ Timeshare | property | \$144,00 | 0.00 | \$144,000.00 |
| | | | Other Who has an intere Debtor 1 on | | | ple, tenanc | ownership interest y by the entireties, or |
| County | | | ☐ At least one | d Debtor 2 only of the debtors and another you wish to add about this item | (see instruction | | nity property |
| | | | Townhome | | | | |
| | | | | from Part 1, including any er | | | \$144,000.00 |

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Part 2: Describe Your Vehicles

| Deb | or 1 _ | Strelow, Ma | tthew B | Document Page 11 of 5 | Case number (if known) | |
|---------------|--|----------------------------------|--|---|--------------------------------------|---|
| 3. C a | ırs, vans, | trucks, tract | ors, sport utility ver | nicles, motorcycles | | |
| | No | | | | | |
| | Yes | | | | | |
| 0.4 | Mala | Hyundai | | Who has an interest in the manual Q Q | Do not deduct sec | cured claims or exemptions. Put |
| 3.1 | Make: | Santa Fe | | Who has an interest in the property? Check one Debtor 1 only | the amount of any | secured claims on Schedule D: ve Claims Secured by Property. |
| | Model: Year: | 2013 | • | Debtor 1 only Debtor 2 only | | , , , |
| | | mate mileage: | 42500 | Debtor 1 and Debtor 2 only | Current value of entire property? | the Current value of the portion you own? |
| | Other in | formation: | | ☐ At least one of the debtors and another | | |
| | | | | | ¢44.20 | 7.00 £44.20 7 .00 |
| | | | | ☐ Check if this is community property (see instructions) | <u>\$11,307</u> | 7.00 \$11,307.00 |
| 5 A | | | | n for all of your entries from Part 2, including | | \$11,307.00 |
| Part | 3: Descri | ibe Your Perso | nal and Household Ite | ems | | |
| Do y | ou own o | or have any le | egal or equitable into | erest in any of the following items? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| Е | | goods and for Major appliance | urnishings ces, furniture, linens, o | china, kitchenware | | |
| | Yes. De | scribe | | | | |
| | | | Household Goo | ds and Furnishings TV, couch, table | , chairs, | \$2,500.00 |
| | | | Deu. | | | |
| E | ectronics xamples: I No I Yes. De | Televisions ar including cell | nd radios; audio, video phones, cameras, m | , stereo, and digital equipment; computers, printe edia players, games | rs, scanners; music collec | ctions; electronic devices |
| E | xamples: | collections, m | figurines; paintings, p nemorabilia, collectibl | rints, or other artwork; books, pictures, or other ares | rt objects; stamp, coin, or | baseball card collections; other |
| _ | Yes. De | SCHDE | | | | |
| E | xamples: | instruments | | other hobby equipment; bicycles, pool tables, gol | If clubs, skis; canoes and | kayaks; carpentry tools; musical |
| L | Yes. De | escribe | | | | |
| _ | i rearms Examples I _{No} | : Pistols, rifles | s, shotguns, ammuniti | ion, and related equipment | | |
| | lyes De | scriba | | | | |

| De | btor 1 St | relow, Matthew B | Document | Page 12 of 52 | Case number (if known) | |
|-----|------------------------------------|---|-------------------------------|----------------------------|--------------------------|---|
| | Clothes Examples: □ No | Everyday clothes, furs, leather o | coats, designer wear, shoes, | accessories | | |
| | Yes. Des | | earing Apparel | | | \$1,500.00 |
| | | | | | | |
| | Jewelry Examples: ■ No □ Yes. Des | Everyday jewelry, costume jewe | elry, engagement rings, wedd | ing rings, heirloom jewelr | y, watches, gems, gold, | silver |
| | Non-farm a | nimals | | | | |
| | | Dogs, cats, birds, horses | | | | |
| | ■ No □ Yes. Des | cribe | | | | |
| | _ ' | personal and household items | s you did not already list, i | ncluding any health aid | ds you did not list | |
| | ■ No □ Yes. Give | e specific information | | | | |
| 15. | | ollar value of all of your entri ite that number here | , , | | ou have attached for | \$4,000.00 |
| Par | rt 4: Describ | e Your Financial Assets | | | | |
| Do | you own or | have any legal or equitable i | nterest in any of the follow | ving? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | Cash Examples: ■ No | Money you have in your wallet, i | n your home, in a safe depos | it box, and on hand wher | n you file your petition | |
| | ☐ Yes | | | | | |
| | _ ` | money Checking, savings, or other fina institutions. If you have multipl | | - | t unions, brokerage hous | ses, and other similar |
| | □ No ■ Yes | | Institution | name: | | |
| | | 17.1. | US Ban | k | | \$3,600.00 |
| | | | | | | |
| | | 17.2. | Credit U | Inion Savings Acco | unt | \$25.00 |
| 18. | | tual funds, or publicly traded Bond funds, investment accoun | | ey market accounts | | |
| | ■ No □ Yes | Institution | n or issuer name: | | | |
| | Non-public | ly traded stock and interests | | orporated businesses, | including an interest i | n an LLC, partnership, and |
| | joint ventu ■ No | ire | | | | |
| | | e specific information about the Name of enti | | | % of ownership: | |
| | Negotiable | nt and corporate bonds and o instruments include personal chable instruments are those you | necks, cashiers' checks, pror | missory notes, and mone | | |

| | | Case 16-18652 | Doc 1 | Filed 06/06/16 | Entered 06/06/16 12:36:54 | Desc Main | | |
|-----|--|--|----------------------|------------------------------|---|--|--|--|
| D | ebtor 1 | Strelow, Matthew B | | Document | Page 13 of 52 Case number (if known) | | | |
| | ☐ Yes. 0 | Give specific information abo | out them er name: | | | | | |
| 21. | <i>Examp</i> □ No | · | | (k), 403(b), thrift savings | s accounts, or other pension or profit-sharing p | olans | | |
| | ■ Yes. I | ist each account separately. Type of | /. account: | Institution n | ame: | | | |
| | | | | 401(K) | | \$6,000.00 | | |
| 22. | Your sh | | ou have made | | e service or use from a company c, gas, water), telecommunications companies | , or others | | |
| | _ | | | Institution n | ame or individual: | | | |
| 23. | ■ No | es (A contract for a periodic | . , | | e or for a number of years) | | | |
| | ☐ Yes | | and descript | | | | | |
| 24. | | C. §§ 530(b)(1), 529A(b), an | d 529(b)(1). | | ram, or under a qualified state tuition prog | ram. | | |
| | ☐ Yes | Institution na | me and descr | ription. Separately file the | records of any interests.11 U.S.C. § 521(c): | | | |
| 25. | ■ No | equitable or future interest Give specific information al | | ty (other than anything | listed in line 1), and rights or powers exer | cisable for your benefit | | |
| 26. | Examp ■ No | , copyrights, trademarks, les: Internet domain names, | websites, pro | | | | | |
| 27 | | • | | aibles | | | | |
| | 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses No Yes. Give specific information about them | | | | | | | |
| М | | property owed to you? | | | | Current value of the | | |
| | ,, | , | | | | portion you own? Do not deduct secured claims or exemptions. | | |
| 28. | _ | unds owed to you | | | | | | |
| | ■ No □ Yes. 0 | Give specific information abo | out them, inclu | uding whether you alread | y filed the returns and the tax years | | | |
| 29 | ■ No | | | usal support, child suppo | rt, maintenance, divorce settlement, property | settlement | | |
| 30. | | mounts someone owes your les: Unpaid wages, disability unpaid loans you made | y insurance pa | | s, sick pay, vacation pay, workers' compensat | tion, Social Security benefits; | | |
| | _ | Give specific information | | | | | | |
| 31. | | s in insurance policies les: Health, disability, or life | insurance; he | ealth savings account (HS | SA); credit, homeowner's, or renter's insurance | | | |

| | Case 16-18652 | Doc 1 F | Filed 06/06/16 Document | Entered 06/06/16 12:36:54 Page 14 of 52 Case number (if known) | Desc Main |
|--|---|--------------------------------|-----------------------------|--|------------------------------|
| Debtor 1 | Strelow, Matthew B | | | Case number (if known) | |
| ☐ Yes. | Name the insurance compar Com | ny of each policy appany name: | and list its value. | Beneficiary: | Surrender or refund value: |
| If you died. ■ No | terest in property that is do are the beneficiary of a living Give specific information | | | ance policy, or are currently entitled to receive p | property because someone has |
| Exam □ No | s against third parties, whe ples: Accidents, employment Describe each claim | | | or made a demand for payment to sue | |
| _ 100. | Boothbo bach dami | Worker's | Compensation A | ction | \$0.00 |
| ■ No □ Yes. 35. Any fii ■ No | Describe each claim nancial assets you did not a Give specific information | | ,, | counterclaims of the debtor and rights to s | |
| Part | 4. Write that number here | | | y entries for pages you have attached for | \$9,625.00 |
| Fait 3. | escribe Arry Business-Neialeu | rioperty rou ow | II OI Have all lillerest li | i. List any real estate in Fart 1. | |
| | own or have any legal or equit o to Part 6. | table interest in a | ny business-related pro | operty? | |
| _ | o to Part 6. Go to line 38. | | | | |
| | escribe Any Farm- and Comme you own or have an interest in fa | | | or Have an Interest In. | |
| - | | equitable intere | est in any farm- or co | ommercial fishing-related property? | |
| | . Go to Part 7. | | | | |
| ☐ Yes | s. Go to line 47. | | | | |
| Part 7: | Describe All Property You | Own or Have an Ir | nterest in That You Did | Not List Above | |
| | u have other property of an ples: Season tickets, country | | | | |
| | Give specific information | | | | |
| 54. Add | the dollar value of all of yo | ur entries from | Part 7. Write that nu | mber here | \$0.00 |

Official Form 106A/B Schedule A/B: Property page 5

Entered 06/06/16 12:36:54 Desc Main Case 16-18652 Doc 1 Filed 06/06/16

Page 15 of 52

Case number (if known) Document Debtor 1 Strelow, Matthew B

List the Totals of Each Part of this Form Part 8: 55. Part 1: Total real estate, line 2 \$144,000.00 Part 2: Total vehicles, line 5 56. \$11,307.00 Part 3: Total personal and household items, line 15 57. \$4,000.00 58. Part 4: Total financial assets, line 36 \$9,625.00 Part 5: Total business-related property, line 45 59. \$0.00 60. Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 \$0.00 Total personal property. Add lines 56 through 61... \$24,932.00 Copy personal property total \$24,932.00 63. Total of all property on Schedule A/B. Add line 55 + line 62 \$168,932.00

Official Form 106A/B Schedule A/B: Property page 6

| Fill in this infor | mation to identify your | case: | | |
|---|-------------------------|-------------------|-------------------------|---------|
| Debtor 1 | Matthew B Strelo |)W | | |
| | First Name | Middle Name | Last Name |) |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: | | NORTHERN DISTRICT | OF ILLINOIS, EASTERN DI | IVISION |
| Case number | | | | |
| (if known) | | | | ☐ Check |
| | | | | amend |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| | Part 1: | Identify the Property You Claim as Exempt |
|--|---------|---|
|--|---------|---|

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| | Schedule A/B that lists this property portion you | | urrent value of the ortion you own opy the value from Check only one box for each exemption. | | Specific laws that allow exemption |
|--|--|--------------|--|---|------------------------------------|
| | 17436 Yakima Dr | \$144,000.00 | | \$15,000.00 | 735 ILCS 5/12-901 |
| Lockport IL, 6 | Lockport IL, 60441-8833 Line from Schedule A/B. 1.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Hyundai Santa Fe | \$11,307.00 | | \$0.00 | 735 ILCS 5/12-1001(b) |
| 2013 42500 Line from Schedule A/B: 3.1 | 2013 42500 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Hyundai Santa Fe | \$11,307.00 | | \$2,400.00 | 735 ILCS 5/12-1001(c) |
| | 2013 42500 Line from Schedule A/B 3.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Household Goods and Furnishings TV, couch, table, chairs, bed. | \$2,500.00 | | \$375.00 | 735 ILCS 5/12-1001(b) |
| - | Line from Schedule A/B 6.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | US Bank | \$3,600.00 | | | 735 ILCS 5/12-1001(b) |
| | Line from Schedule A/B: 17.1 | | | 100% of fair market value, up to any applicable statutory limit | |

Case 16-18652 Doc 1 Filed 06/06/16 Entered 06/06/16 12:36:54 Desc Main Document Page 17 of 52

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim | Specific laws that allow exemption |
|--|--------------------------------------|---|------------------------------------|
| | Copy the value from Schedule A/B | Check only one box for each exemption. | |
| Credit Union Savings Account | \$25.00 | | 735 ILCS 5/12-1001(b) |
| Line from Schedule A/B: 17.2 | | ■ 100% of fair market value, up to any applicable statutory limit | |
| 401(K) | \$6,000.00 | | 735 ILCS 5/12-1006 |
| Line from Schedule A/B: 21.1 | | ■ 100% of fair market value, up to any applicable statutory limit | |
| Worker's Compensation Action | \$0.00 | | 820 ILCS 305/21 |
| Line from Schedule A/B 33.1 | | ■ 100% of fair market value, up to any applicable statutory limit | |
| Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every 3 No | years after that for case | | |

Case 16-18652 Doc 1 Filed 06/06/16 Entered 06/06/16 12:36:54 Desc Main Document Page 18 of 52 Fill in this information to identify your case: Debtor 1 Matthew B Strelow Middle Name Last Name First Name Debtor 2 Middle Name (Spouse if, filing) First Name Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION Case number (if known) ☐ Check if this is an amended filing Official Form 106D Schedule D: Creditors Who Have Claims Secured by Property 12/15 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if 1. Do any creditors have claims secured by your property? ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form. Yes. Fill in all of the information below. Part 1: List All Secured Claims Column A Column B Column C 2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As Amount of claim Value of collateral Unsecured portion much as possible, list the claims in alphabetical order according to the creditor 's name. Do not deduct the that supports this value of collateral. claim Citizens One Auto Fin Describe the property that secures the claim: \$12,262.00 \$11,307.00 \$955.00 Creditor's Name 2013 Hyundai Santa Fe As of the date you file, the claim is: Check all that 480 Jefferson Blvd Warwick, RI 02886-1359 ☐ Contingent Number, Street, City, State & Zip Code ■ Unliquidated ☐ Disputed Who owes the debt? Check one. Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured ■ Debtor 1 only car loan) Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ Statutory lien (such as tax lien, mechanic's lien) At least one of the debtors and another ☐ Judgment lien from a lawsuit ☐ Check if this claim relates to a ☐ Other (including a right to offset) community debt Date debt was incurred 12/01/2013 Last 4 digits of account number 1104 \$200,215.00 \$0.00 \$200,215.00 Flagstar Bank Describe the property that secures the claim: As of the date you file, the claim is: Check all that 5151 Corporate Dr Troy, MI 48098-2639 ☐ Contingent Number, Street, City, State & Zip Code ■ Unliquidated ☐ Disputed Who owes the debt? Check one. Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured ■ Debtor 1 only

Date debt was incurred 10/01/2011

☐ Check if this claim relates to a

☐ At least one of the debtors and another

Debtor 1 and Debtor 2 only

community debt

Official Form 106D

Debtor 2 only

7030

☐ Statutory lien (such as tax lien, mechanic's lien)

Last 4 digits of account number

car loan)

Judgment lien from a lawsuit

Other (including a right to offset)

Case 16-18652 Doc 1 Filed 06/06/16 Entered 06/06/16 12:36:54 Desc Main Document Page 19 of 52

| Debtor 1 Matthew B Strelow | | Case number (if know) | | | | |
|--|--|-----------------------|--|--------|--|--|
| First Name Middle N | Name Last Name | | | | | |
| 2.3 US Bank Home Mortgage | Describe the property that secures the claim: | \$135,392.00 | \$144,000.00 | \$0.00 | | |
| Creditor's Name | 17436 Yakima Dr, Lockport, IL 60441-8833 | | | | | |
| PO Box 20005 | Townhome | | | | | |
| Owensboro, KY 42304-0005 | As of the date you file, the claim is: Check all that apply. Contingent | | | | | |
| Number, Street, City, State & Zip Code | ☐ Unliquidated | | | | | |
| , | ☐ Disputed | | | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | | | |
| ■ Debtor 1 only □ Debtor 2 only | ☐ An agreement you made (such as mortgage or s car loan) | secured | | | | |
| Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | | | |
| ☐ At least one of the debtors and another | ☐ Judgment lien from a lawsuit | | | | | |
| ☐ Check if this claim relates to a community debt | Other (including a right to offset) | | | | | |
| Date debt was incurred 08/01/2014 | Last 4 digits of account number 731 | 8 | | | | |
| | | | | | | |
| Add the dollar value of your entries in Co | lumn A on this page. Write that number here: | \$347,869.00 | ภิ | | | |
| If this is the last page of your form, add the Write that number here: | he dollar value totals from all pages. | \$347,869.00 | $oldsymbol{ol{ol}oldsymbol{ol}oldsymbol{oldsymbol{oldsymbol{ol}}}}}}}}}}}}}}}$ | | | |

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

| | 0000 10 10002 2 | Document | Page | 20 of 52 | ,0.04 DCC | o man |
|---------------------------------|---|---|--|---|--|--|
| Fill in this ir | nformation to identify your o | | | | | |
| Debtor 1 | Matthew B Strelo | w | | | | |
| | First Name | Middle Name | Last Name | |) | |
| Debtor 2 | T: (N | Add the At | | | | |
| (Spouse if, filing) |) First Name | Middle Name | Last Name | | | |
| United State | s Bankruptcy Court for the: | NORTHERN DISTRICT OF | F ILLINOIS, EAS | STERN DIVISION | | |
| Case number | er | | | | | |
| (if known) | | | | | | check if this is an |
| | | | | | a | mended filing |
| Official E | orm 106E/F | | | | | |
| | | ha Hava Haaaaur | ad Claima | | | 10/15 |
| | e E/F: Creditors W | | | | NIDDIODITY I | 12/15 |
| Schedule G: E D: Creditors W | contracts or unexpired leases executory Contracts and Unexpi Who Have Claims Secured by Prion Page to this page. If you have (if known). | red Leases (Official Form 1060 operty. If more space is needed | 6). Do not include d, copy the Part y | e any creditors with partially you need, fill it out, number | y secured claims t the entries in the | hat are listed in Schedule boxes on the left. Attach |
| Part 1: Li | ist All of Your PRIORITY Un | secured Claims | | | | |
| 1. Do any c | reditors have priority unsecured | d claims against you? | | | | |
| ■ No. G | o to Part 2. | | | | | |
| ☐ Yes. | | | | | | |
| Part 2: Li | ist All of Your NONPRIORITY | / Unsecured Claims | | | | |
| 3. Do any c | reditors have nonpriority unsec | ured claims against you? | | | | |
| □ No. Yo | ou have nothing to report in this pa | art. Submit this form to the court v | with your other sch | nedules. | | |
| Yes. | | | | | | |
| unsecured | f your nonpriority unsecured clad claim, list the creditor separately creditor holds a particular claim, list | for each claim. For each claim li | sted, identify what | t type of claim it is. Do not list | claims already incl | uded in Part 1. If more Continuation Page of Part |
| | | | | | | Total claim |
| | sociated Urological Spec | cialists Last 4 digits of | account number | r <u>5110</u> | | \$25.14 |
| Nonp | priority Creditor's Name | When was the | debt incurred? | | | |
| 861 | 5 Soultion Ctr | | | | | - |
| | cago, IL 60677 | | | | | |
| | ber Street City State Zlp Code | As of the date | you file, the claim | n is: Check all that apply | | |
| _ | incurred the debt? Check one. | _ | | | | |
| | Pebtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | Unliquidated | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | at least one of the debtors and and | П | RIORITY unsecur | ea ciaim: | | |
| ∐ C debt | Check if this claim is for a comm | | | novation ograce t d' | a that you all a set | |
| | e claim subject to offset? | ☐ Obligations a report as priority | | paration agreement or divorce | e tnat you did not | |
| ■ N | • | | | ring plans, and other similar de | ebts | |
| ΠY | 'es | Other. Speci | ifv | | | |
| | | - Other. Speci | ту | | | _ |

Case 16-18652 Doc 1 Filed 06/06/16 Entered 06/06/16 12:36:54 Desc Main Document Page 21 of 52
Case number (f know)

Debtor 1 Strelow, Matthew B 4.2 \$105.60 **Associated Urological Specialists** Last 4 digits of account number 5110 Nonpriority Creditor's Name When was the debt incurred? 8615 Solutions Ctr Chicago, IL 60677-8006 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify **Bk of Amer** 4.3 Last 4 digits of account number 4330 \$6,253.00 Nonpriority Creditor's Name When was the debt incurred? 03/01/2005 PO Box 982238 El Paso, TX 79998-2238 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans \square Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.4 **Bk of Amer** Last 4 digits of account number \$5,817.00 7430 Nonpriority Creditor's Name When was the debt incurred? 03/01/2014 PO Box 982238 El Paso, TX 79998-2238 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed \square At least one of the debtors and another Type of NONPRIORITY unsecured claim: ☐ Student loans \square Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify

Case 16-18652 Doc 1 Filed 06/06/16 Entered 06/06/16 12:36:54 Desc Main Document Page 22 of 52
Case number (f know)

Debtor 1 Strelow, Matthew B 4.5 \$60.00 Dr. Nittor R. Jayaram Last 4 digits of account number 7321 Nonpriority Creditor's Name When was the debt incurred? 17031 Harlem Ave Tinley Park, IL 60477-2739 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.6 Ing Lam, MD Last 4 digits of account number 232 \$96.80 Nonpriority Creditor's Name When was the debt incurred? 9611 165th St Ste 13 Orland Park, IL 60467-5685 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans \square Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.7 Last 4 digits of account number \$362.00 Kohls/capone 7457 Nonpriority Creditor's Name When was the debt incurred? 10/01/2002 N56 W 17000 Ridgewood Dr Menomonee Falls, WI 53051 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed \square At least one of the debtors and another Type of NONPRIORITY unsecured claim: ☐ Student loans \square Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify

Case 16-18652 Doc 1 Filed 06/06/16 Entered 06/06/16 12:36:54 Desc Main Document Page 23 of 52
Case number (f know)

Debtor 1 Strelow, Matthew B 4.8 **Lab Corp** \$22.26 Last 4 digits of account number 3906 Nonpriority Creditor's Name When was the debt incurred? PO Box 2240 **Burlington, NC 27216-2240** Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.9 **Northwestern Medicine** Last 4 digits of account number 2074 \$35.46 Nonpriority Creditor's Name When was the debt incurred? 28155 Network PI Chicago, IL 60673-1281 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans \square Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims Is the claim subject to offset? ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.10 O'Reilly Physician Consultants Last 4 digits of account number \$193.68 8199 Nonpriority Creditor's Name When was the debt incurred? 12150 S Harlem Ave Palos Heights, IL 60463-1435 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only □ Disputed \square At least one of the debtors and another Type of NONPRIORITY unsecured claim: ☐ Student loans \square Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify

Case 16-18652 Doc 1 Filed 06/06/16 Entered 06/06/16 12:36:54 Desc Main Document Page 24 of 52

| Debio | Streiow, Mattnew B | Case number (if know) | |
|-------|--|---|----------|
| 4.11 | Palos Anesthesia Associates | Last 4 digits of account number 3546 | \$260.03 |
| | Nonpriority Creditor's Name | When was the debt incurred? | |
| | 12251 S 80th Ave | | |
| | Palos Heights, IL 60463-1256 | _ | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt | Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify | |
| 4.12 | Palos Community Hospital | Last 4 digits of account number 3113 | \$150.00 |
| | Nonpriority Creditor's Name | When we the debt incorred? | |
| | 12251 S 80th Ave | When was the debt incurred? | |
| | Palos Heights, IL 60463-1256 | | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐Yes | Other. Specify | |
| | | | |
| 4.13 | Performance Foot and Ankle Ctr Nonpriority Creditor's Name | Last 4 digits of account number 3360 | \$68.76 |
| | Nonphonty Creditor's Name | When was the debt incurred? | |
| | 401 E 162nd St Ste 101 | | |
| | South Holland, IL 60473-2237 | _ | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | \square Check if this claim is for a community | ☐ Student loans | |
| | debt | Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other, Specify | |

Case 16-18652 Doc 1 Filed 06/06/16 Entered 06/06/16 12:36:54 Desc Main Document Page 25 of 52

Case number (f know)

| Debtor | Strelow, Matthew B | | Case number (f know) | | | | | |
|--------|---|--|--|------------|--|--|--|--|
| 4.14 | Primary Health | Last 4 digits of account number | 8400 | \$556.42 | | | | |
| | Nonpriority Creditor's Name | When was the debt incurred? | | | | | | |
| - | 16512 106th Ct Orland Park, IL 60467-4547 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | |
| | lacksquare At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a sense | ration agreement or divorce that you did not | | | | | |
| | Is the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | | | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | | | |
| | Yes | Other. Specify | | | | | | |
| 4.15 | US Bank | Last 4 digits of account number | 6715 | \$9,503.00 | | | | |
| | Nonpriority Creditor's Name | When was the debt incurred? | 07/01/2015 | | | | | |
| - | 1850 Osborn Ave Oshkosh, WI 54902-6197 Number Street City State Zlp Code | As of the date you file, the claim | | | | | | |
| | Who incurred the debt? Check one. | _ | | | | | | |
| | ■ Debtor 1 only | Contingent | | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY unsecured | d claim: | | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | - Oldini | | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | | | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | | | |
| | Yes | Other. Specify | | | | | | |
| 4.16 | US Bank | Last 4 digits of account number | 6654 | \$5,081.00 | | | | |
| | Nonpriority Creditor's Name | When was the debt incurred? | 07/01/2015 | | | | | |
| | 4325 17th Ave S Fargo, ND 58125-6200 | | 0170112010 | | | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | |
| | lacksquare At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | | |
| | Check if this claim is for a community | | | | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | | | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | | | |
| | ☐ Yes | Other Specify | | | | | | |

Part 3: List Others to Be Notified About a Debt That You Already Listed

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Entered 06/06/16 12:36:54 Desc Main Case 16-18652 Filed 06/06/16 Doc 1 Page 26 of 52 Case number (f know) Document

Debtor 1 Strelow, Matthew B

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | Total Claim |
|--------------|-----|---|-----|------------------------|
| | 6a. | Domestic support obligations | 6a. | \$ 0.00 |
| Total claims | | | | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ 0.00 |
| Total claims | 6f. | Student loans | 6f. | \$ Total Claim 0.00 |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ 28,590.15 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ 28,590.15 |

| Fill in this infor | mation to identify your | case: | |
|---------------------|--------------------------|-------------------|-------------------------------|
| Debtor 1 | Matthew B Streld | DW . | |
| | First Name | Middle Name | Last Name |
| Debtor 2 | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS, EASTERN DIVISION |
| Case number | | | |
| (if known) | | | |
| | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or | r company with Name, Numbe | whom you have the r, Street, City, State and ZIP (| contract or lease | State what the contract or lease is for |
|-----|-----------|-------------------------------|---|-------------------|---|
| 2.1 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.2 | | | | | |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | _ |
| 2.3 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | <u> </u> |
| | City | | State | ZIP Code | |
| 2.4 | | | | | |
| | Name | | | | <u> </u> |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.5 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | - |
| | | | | | |

| | | Docume | <u>nt Page 28 d</u> | ot 52 | |
|------------------------------------|--|--|--|--|------------------------------------|
| Fill in thi | s information to identify your | case: | | | |
| Debtor 1 | Matthew B Streld | NW. | | | |
| Debior 1 | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, f | iling) First Name | Middle Name | Last Name | | |
| United Si | ates Bankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS, EASTER | RN DIVISION | |
| Case nur | mber | | | | |
| (if known) | | | | [| Check if this is an amended filing |
| Sche | al Form 106H dule H: Your Cod | | s voji mav have. Re as | complete and accurate as poss | 12/15 |
| are filing and numb case num | together, both are equally responser the entries in the boxes on the law in the boxes on the country of the cou | oonsible for supply ⁱ ng co the left. Attach the Additi question. | rrect information. If mo onal Page to this page | ore space is needed, copy the A e. On the top of any Additional P | Additional Page, fill it out, |
| 1. Do | you have any codebtors? (If | you are filing a joint case, do | not list either spouse as | s a codebtor. | |
| ■ No | - | | | | |
| | ithin the last 8 years, have you ornia, Idaho, Louisiana, Nevada | | | /? (Community property states and Wisconsin.) | nd territories include Arizona, |
| | o. Go to line 3. es. Did your spouse, former spou | se, or legal equivalent live w | ith you at the time? | | |
| line : 106E | 2 again as a codebtor only if th | nat person is a guarantor | or cosigner. Make sur | f your spouse is filing with you e you have listed the creditor or se Schedule D, Schedule E/F, or | n Schedule D (Official Form |
| | Column 1: Your codebtor Name, Number, Street, City, State and 2 | ZIP Code | | Column 2: The creditor to v Check all schedules that ap | |
| 3.1 | | | | ☐ Schedule D, line | |
| 0.1 | Name | | | Schedule E/F, line | |
| | | | | ☐ Schedule G, line | |
| | | | | | |
| | Number Street City | State | ZIP Code | | |
| | | | | Польть В Го | |
| 3.2 | Name | | | ☐ Schedule D, line ☐ Schedule E/F, line | |
| | | | | Schedule G, line | |
| | N. I. St. | | | | |
| | Number Street City | State | ZIP Code | | |

Case 16-18652 Doc 1 Filed 06/06/16 Entered 06/06/16 12:36:54 Desc Main Document Page 29 of 52

| Fill | in this information to id | lentify your cas | se: | | | | | | | | |
|--------------------|--|---|--|--|-----------------------|----------------|---------------------|-----------------------|--------------------------|--------------------------|--------------|
| Del | otor 1 N | latthew B S | trelow | | | _ | | | | | |
| | otor 2 | | | | | _ | | | | | |
| Uni | ted States Bankruptcy | Court for the: | NORTHERN DISTRIC | CT OF ILLINOIS, EAS | STERN | _ | | | | | |
| | se number nown) | | | | | | | | ed filing | g postpetition o | chapter 13 |
| <u>O</u> | fficial Form 1 | <u>061</u> | | | | | Ī | им / DD/ \ | /YYY | | |
| S | chedule I: Yo | our Inco | me | | | | | | | | 12/1 |
| sup spo atta | plying correct informations use. If you are separa | ation. If you a ted and your o this form. O | ole. If two married peop re married and not filing spouse is not filing with the top of any additio | g jointly, and your s h you, do not include | pouse is e informa | livin ation | g with y about y | ou, inclu our spou | de informa se. If mor | ation about yes | our eded, |
| 1. | Fill in your employn information. | nent | | Debtor 1 | | | | Debtor 2 | 2 or non-fi | iling spouse | |
| | If you have more than one job, attach a separate page with information about additional employers. | | Francisco est etetus | ■ Employed | ■ Employed | | | ☐ Empl | oyed | | |
| | | | Employment status | ☐ Not employed | | | | ☐ Not e | mployed | | |
| | Include part-time, sea self-employed work. | asonal, or | Occupation Employer's name | Palos Commun | ity Hos | pital | | | | | |
| | Occupation may inclu homemaker, if it appl | | Employer's address | 12251 S 80th Av Palos Heights, | | 3-12 | 56 | | | | |
| | | | How long employed th | nere? <u>17 year</u> | rs and 6 | mo | nths | _ | | | |
| Pai | Give Details | s About Mont | hly Income | | | | | | | | |
| | mate monthly income ss you are separated. | as of the dat | e you file this form. If yo | ou have nothing to rep | ort for an | y line | , write \$0 | 0 in the sp | ace. Includ | le your non-filir | ng spouse |
| | u or your non-filing spou ce, attach a separate sh | | than one employer, comb | oine the information fo | r all emple | oyers | for that | person on | the lines b | elow. If you ne | ed more |
| | | | | | | | For Del | btor 1 | | ebtor 2 or ing spouse | |
| 2. | | | r, and commissions (be lculate what the monthly v | | 2. | \$ | 3 | ,353.10 | \$ | N/A | |
| 3. | Estimate and list mo | onthly overtin | ne pay. | | 3. | +\$ | | 0.00 | +\$ | N/A | |
| 4. | Calculate gross Inco | ome. Add line | 2 + line 3. | | 4. | \$ | 3 3 | 53 10 | \$ | N/A | |

Case 16-18652 Doc 1 Filed 06/06/16 Entered 06/06/16 12:36:54 Desc Main Document Page 30 of 52

| Deb | tor 1 | Strelow, Matthew B | _ | (| Case | e number (if kno | own) | | | | | |
|-----|--------------------|---|-----------------|------------|------|------------------|------------|------|--------------------|------|------------|--------|
| | | | | | | r Debtor 1 | | non- | Debtor filing s | | | |
| | Cop | by line 4 here | 4. | | \$_ | 3,353 | <u>.10</u> | \$ | | N/ | <u>A</u> _ | |
| 5. | List | all payroll deductions: | | | | | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a | ì. | \$ | 795 | 98 | \$ | | N/ | Δ | |
| | 5b. | Mandatory contributions for retirement plans | 5b | | \$- | | .00 | \$ | | N/ | | |
| | 5c. | Voluntary contributions for retirement plans | 50 | : . | \$ | | .54 | \$ | | N/ | | |
| | 5d. | Required repayments of retirement fund loans | 50 | ı. | \$ | 0 | .00 | \$ | | N/ | A | |
| | 5e. | Insurance | 56 | €. | \$_ | 176 | .16 | \$ | | N/ | A | |
| | 5f. | Domestic support obligations | 5f | | \$_ | 0 | .00 | \$ | | N/ | Α | |
| | 5g. | Union dues | 50 | | \$_ | | .00 | \$ | | N/ | _ | |
| | 5h. | Other deductions. Specify: | 5h | 1.+ | \$_ | 0 | .00 | + \$ | | N/ | <u>A</u> | |
| 6. | Add | I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | | \$_ | 1,005 | .68 | \$ | | N/ | <u>A</u> | |
| 7. | Cal | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | | \$_ | 2,347 | .42 | \$ | | N/ | <u>A</u> | |
| 8. | List 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 88 | 1. | \$ | 0 | .00 | \$ | | N/. | Δ | |
| | 8b. | Interest and dividends | 8t | | \$- | | .00 | \$ | | N/ | | |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | | | \$ | | .00 | \$ | | N/ | _ | |
| | 8d. | Unemployment compensation | 80 | ı. | \$ | | .00 | \$ | | N/ | | |
| | 8e. | Social Security | 86 | €. | \$ | 0 | .00 | \$ | | N/ | Α | |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | 8f | | \$ | 0 | .00 | \$ | | N/ | Δ | |
| | 8g. | Pension or retirement income | — ₈₀ | | \$- | | .00 | \$ | | N/ | | |
| | 8h. | Other monthly income. Specify: | | 1.+ | \$ | | | + \$ | | N/ | | |
| 9. | Add | d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | — 9. | Ş | \$ | 0 | .00 | \$ | | N | /A | |
| 10 | Cal | culate monthly income. Add line 7 + line 9. | 10. | \$ | | 2,347.42 | + \$ | | N/A | = \$ | 2 | 347.42 |
| 10. | | I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. | Ψ- | | 2,541.42 | | | 11// |] | <u></u> , | 347.42 |
| 11. | Incl othe Do | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your der friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not avecify: | epend | | , , | | , | | ule J. 11. | +\$_ | | 0.00 |
| 12. | | If the amount in the last column of line 10 to the amount in line 11. The rest te that amount on the Summary of Schedules and Statistical Summary of Certain | | | | | | | _S 12. | \$ | 2, | 347.42 |
| | | | | | | | | | | Comb | | come |
| 13. | Do : | you expect an increase or decrease within the year after you file this form No. Yes. Explain: | ? | | | | | | | | y 11 | |

Schedule I: Your Income

page 2

Official Form 106I

Case 16-18652 Doc 1 Filed 06/06/16 Entered 06/06/16 12:36:54 Desc Main Document Page 31 of 52

| Fill | in this information to identify yo | ur case: | | | | |
|------------|---|--|---|-------------|--|--|
| Deb | Matthew B S | trelow | | | ck if this is: | |
| | otor 2 Duse, if filing) | | | | An amended filing A supplement show expenses as of the | ing postpetition chapter 13 following date: |
| Unit | ed States Bankruptcy Court for the: | NORTHERN DISTRICT OF ILLING | OIS, | | MM / DD / YYYY | |
| ! | e number nown) | | | | | |
| | fficial Form 106J | | | | | |
| Be info | | oossible. If two married people are ded, attach another sheet to this fo | | | | |
| Par | | nold | | | | |
| 1. | Is this a joint case? ■ No. Go to line 2. □ Yes. Does Debtor 2 live in | a a congrato household? | | | | |
| | □ No | t file Official Form 106J-2, Expenses f | for Separate Househo | oldof Debto | r 2. | |
| 2. | Do you have dependents? | ■ No | | | | |
| | Do not list Debtor 1 and Debtor 2. | Yes. Fill out this information for each dependent | Dependent's relatio Debtor 1 or Debtor 2 | | Dependent's age | Does dependent live with you? |
| | Do not state the dependents names. | | | | | ☐ No ☐ Yes |
| 3. | Do your expenses include expenses of people other th yourself and your depender | . a IIVas | | | | ☐ Yes |
| exp | imate your expenses as of yo | g Monthly Expenses ur bankruptcy filing date unless yo ankruptcy is filed. If this is a supple | | | | |
| val | lude expenses paid for with no ue of such assistance and hav ficial Form 106l.) | on-cash government assistance if ye included it on Schedule I: Your II | you know the ncome | | Your exp | enses |
| 4. | The rental or home ownersh payments and any rent for the | ip expenses for your residence. Ind | clude first mortgage | 4. \$ | S | 1,157.00 |
| | If not included in line 4: | | | | | |
| | 4a. Real estate taxes4b. Property, homeowner's, | or renter's insurance | | 4a. \$ | | 0.00 |
| | 4c. Home maintenance, rep | pair, and upkeep expenses | | 4c. \$ | | 0.00 |
| 5. | | on or condominium dues nts for vour residence, such as hom | ne equity loans | 4d. § | | 185.00 0.00 |

Case 16-18652 Doc 1 Filed 06/06/16 Entered 06/06/16 12:36:54 Desc Main Document Page 32 of 52

| Electricity, heat, natural gas Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services Other. Specify: d and housekeeping supplies dcare and children's education costs hing, laundry, and dry cleaning conal care products and services lical and dental expenses resportation. Include gas, maintenance, bus or train fare. retainment, clubs, recreation, newspapers, magazines, and books ritable contributions and religious donations rance. retaintent, clubs, recreation, newspapers, magazines, and books ritable contributions and religious donations rance. retaintent, clubs, recreation, newspapers, magazines, and books ritable contributions and religious donations rance. retaintent, clubs, recreation, newspapers, magazines, and books ritable contributions and religious donations rance. retainment, clubs, recreation, newspapers, magazines, and books ritable contributions and religious donations rance. retainment, clubs, recreation, newspapers, magazines, and books ritable contributions and religious donations rance. retainment, clubs, recreation, newspapers, magazines, and books ritable contributions and religious donations rance. retainment, clubs, recreation, newspapers, magazines, and books ritable contributions and religious donations rance. retainment, clubs, recreation, newspapers, magazines, and books ritable contributions rance. retainment, clubs, recreation, newspapers, magazines, and books ritable contributions rance. retainment, clubs, recreation, newspapers, magazines, and books ritable contributions rance. retainment, clubs, recreation, newspapers, magazines, and books ritable contributions rance. retainment, clubs, recreation, newspapers, magazines, and books ritable contributions rance. retainment, clubs, recreation, newspapers, magazines, and books ritable contributions rance. retainment, clubs, recreation, newspapers, magazines, and books ritable contributions rance. retainment, clubs, recreation, newspapers, magazines, and books ritable contributions rance. retainme | 6a. \$ 6b. \$ 6c. \$ 6d. \$ 7. \$ 8. \$ 9. \$ 10. \$ 11. \$ 12. \$ 13. \$ 14. \$ 15a. \$ 15b. \$ 15c. \$ 15d. \$ 17d. \$ 17b. \$ 17c. \$ 17d. \$ 17d. \$ 17d. \$ | 75.00 60.00 140.00 0.00 200.00 0.00 30.00 20.00 125.00 0.00 0.00 0.00 0.00 20.00 20.00 0.00 0.00 0.00 0.00 0.00 0.00 |
|--|--|--|
| Electricity, heat, natural gas Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services Other. Specify: d and housekeeping supplies dcare and children's education costs hing, laundry, and dry cleaning sonal care products and services lical and dental expenses asportation. Include gas, maintenance, bus or train fare. not include car payments. ertainment, clubs, recreation, newspapers, magazines, and books ritable contributions and religious donations rrance. not include insurance deducted from your pay or included in lines 4 or 20. Life insurance Health insurance Vehicle insurance Other insurance. Specify: es. Do not include taxes deducted from your pay or included in lines 4 or 20. cify: allment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: other. Specify: r payments of alimony, maintenance, and support that you did not report | 6b. \$ 6c. \$ 6d. \$ 7. \$ 8. \$ 9. \$ 10. \$ 11. \$ 12. \$ 13. \$ 14. \$ 15a. \$ 15b. \$ 15c. \$ 15d. \$ 17a. \$ 17b. \$ 17c. \$ 17d. \$ | 60.00 140.00 200.00 200.00 30.00 20.00 20.00 125.00 0.00 0.00 0.00 72.00 0.00 280.00 0.00 0.00 |
| Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services Other. Specify: d and housekeeping supplies dcare and children's education costs hing, laundry, and dry cleaning sonal care products and services lical and dental expenses asportation. Include gas, maintenance, bus or train fare. Include car payments. Include car payments. Intable contributions and religious donations Irrance. Into include insurance deducted from your pay or included in lines 4 or 20. Life insurance Health insurance Vehicle insurance Other insurance. Specify: Do not include taxes deducted from your pay or included in lines 4 or 20. Cify: allment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: Other. Specify: Transparents of alimony, maintenance, and support that you did not report | 6b. \$ 6c. \$ 6d. \$ 7. \$ 8. \$ 9. \$ 10. \$ 11. \$ 12. \$ 13. \$ 14. \$ 15a. \$ 15b. \$ 15c. \$ 15d. \$ 17a. \$ 17b. \$ 17c. \$ 17d. \$ | 60.00 140.00 200.00 200.00 30.00 20.00 20.00 125.00 0.00 0.00 0.00 72.00 0.00 280.00 0.00 0.00 |
| Telephone, cell phone, Internet, satellite, and cable services Other. Specify: d and housekeeping supplies dcare and children's education costs hing, laundry, and dry cleaning sonal care products and services lical and dental expenses asportation. Include gas, maintenance, bus or train fare. Include car payments. Include car payments. Intainment, clubs, recreation, newspapers, magazines, and books ritable contributions and religious donations Irrance. Into include insurance deducted from your pay or included in lines 4 or 20. Life insurance Health insurance Vehicle insurance Other insurance. Specify: Des. Do not include taxes deducted from your pay or included in lines 4 or 20. Cify: Dallment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: Other. Specify: Transparents of alimony, maintenance, and support that you did not report | 6c. \$ 6d. \$ 7. \$ 8. \$ 9. \$ 10. \$ 11. \$ 12. \$ 13. \$ 14. \$ 15a. \$ 15b. \$ 15c. \$ 15d. \$ 17a. \$ 17b. \$ 17c. \$ 17d. \$ | 140.00 0.00 200.00 30.00 0.00 20.00 125.00 0.00 0.00 0.00 0.00 280.00 0.00 0.00 |
| Other. Specify: d and housekeeping supplies dcare and children's education costs hing, laundry, and dry cleaning sonal care products and services lical and dental expenses asportation. Include gas, maintenance, bus or train fare. not include car payments. ertainment, clubs, recreation, newspapers, magazines, and books ritable contributions and religious donations france. not include insurance deducted from your pay or included in lines 4 or 20. Life insurance Health insurance Vehicle insurance Other insurance. Specify: es. Do not include taxes deducted from your pay or included in lines 4 or 20. cify: allment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: Other. Specify: r payments of alimony, maintenance, and support that you did not report | 6d. \$ 7. \$ 8. \$ 9. \$ 10. \$ 11. \$ 12. \$ 13. \$ 14. \$ 15a. \$ 15b. \$ 15c. \$ 15d. \$ 17a. \$ 17b. \$ 17c. \$ 17d. \$ | 0.00 200.00 30.00 30.00 20.00 125.00 0.00 0.00 0.00 72.00 0.00 280.00 0.00 0.00 |
| d and housekeeping supplies dcare and children's education costs hing, laundry, and dry cleaning conal care products and services lical and dental expenses asportation. Include gas, maintenance, bus or train fare. not include car payments. ertainment, clubs, recreation, newspapers, magazines, and books eritable contributions and religious donations erance. not include insurance deducted from your pay or included in lines 4 or 20. Life insurance Health insurance Vehicle insurance Other insurance. Specify: es. Do not include taxes deducted from your pay or included in lines 4 or 20. cify: allment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: Other. Specify: or payments of alimony, maintenance, and support that you did not report | 7. \$ 8. \$ 9. \$ 10. \$ 11. \$ 12. \$ 13. \$ 14. \$ 15a. \$ 15b. \$ 15c. \$ 15d. \$ 17a. \$ 17b. \$ 17c. \$ 17d. \$ | 200.00 0.00 30.00 20.00 125.00 0.00 0.00 0.00 72.00 0.00 280.00 0.00 |
| dcare and children's education costs hing, laundry, and dry cleaning conal care products and services lical and dental expenses asportation. Include gas, maintenance, bus or train fare. not include car payments. ertainment, clubs, recreation, newspapers, magazines, and books eritable contributions and religious donations erance. not include insurance deducted from your pay or included in lines 4 or 20. Life insurance Health insurance Vehicle insurance Other insurance. Specify: es. Do not include taxes deducted from your pay or included in lines 4 or 20. cify: allment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: Other. Specify: other. Specify: r payments of alimony, maintenance, and support that you did not report | 8. \$ | 0.00 30.00 0.00 20.00 125.00 0.00 0.00 72.00 0.00 0.00 280.00 0.00 |
| hing, laundry, and dry cleaning conal care products and services lical and dental expenses asportation. Include gas, maintenance, bus or train fare. too include car payments. ertainment, clubs, recreation, newspapers, magazines, and books eritable contributions and religious donations erance. Too include insurance deducted from your pay or included in lines 4 or 20. Life insurance Health insurance Vehicle insurance Other insurance. Specify: Ses. Do not include taxes deducted from your pay or included in lines 4 or 20. Cify: allment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: Other. Specify: Transport of alimony, maintenance, and support that you did not report | 9. \$ | 30.00 0.00 20.00 125.00 0.00 0.00 72.00 0.00 0.00 280.00 0.00 0.00 |
| sonal care products and services lical and dental expenses Insportation. Include gas, maintenance, bus or train fare. Intertainment, clubs, recreation, newspapers, magazines, and books ritable contributions and religious donations Irrance. Intertainment of include insurance deducted from your pay or included in lines 4 or 20. Life insurance Health insurance Vehicle insurance Other insurance. Specify: Intertainment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: Other. Specify: Transport of alimony, maintenance, and support that you did not report | 10. \$ | 0.00 20.00 125.00 0.00 0.00 72.00 0.00 0.00 280.00 0.00 |
| ical and dental expenses insportation. Include gas, maintenance, bus or train fare. into include car payments. irrainment, clubs, recreation, newspapers, magazines, and books ritable contributions and religious donations irraince. into include insurance deducted from your pay or included in lines 4 or 20. Life insurance Health insurance Vehicle insurance Other insurance. Specify: ies. Do not include taxes deducted from your pay or included in lines 4 or 20. cify: allment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: Other. Specify: other. Specify: r payments of alimony, maintenance, and support that you did not report | 11. \$ | 20.00 125.00 0.00 0.00 0.00 72.00 0.00 280.00 0.00 0.00 |
| Insportation. Include gas, maintenance, bus or train fare. Instituted car payments. Instrainment, clubs, recreation, newspapers, magazines, and books Instrainment, clubs, recreations, newspapers, | 12. \$ | 125.00 0.00 0.00 0.00 72.00 0.00 0.00 280.00 0.00 0.00 |
| not include car payments. Pertainment, clubs, recreation, newspapers, magazines, and books Pertainment of include insurance deducted from your pay or included in lines 4 or 20. Pertainment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: Other. Specify: Perpayments of alimony, maintenance, and support that you did not report | 13. \$ | 0.00 0.00 0.00 72.00 0.00 0.00 280.00 0.00 |
| ertainment, clubs, recreation, newspapers, magazines, and books ritable contributions and religious donations rance. not include insurance deducted from your pay or included in lines 4 or 20. Life insurance Health insurance Vehicle insurance Other insurance. Specify: es. Do not include taxes deducted from your pay or included in lines 4 or 20. cify: allment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: Other. Specify: r payments of alimony, maintenance, and support that you did not report | 13. \$ | 0.00 0.00 72.00 0.00 0.00 280.00 0.00 |
| ritable contributions and religious donations rance. not include insurance deducted from your pay or included in lines 4 or 20. Life insurance Health insurance Vehicle insurance Other insurance. Specify: es. Do not include taxes deducted from your pay or included in lines 4 or 20. cify: allment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: Other. Specify: r payments of alimony, maintenance, and support that you did not report | 14. \$ | 0.00 0.00 72.00 0.00 0.00 280.00 0.00 |
| rance. not include insurance deducted from your pay or included in lines 4 or 20. Life insurance Health insurance Vehicle insurance Other insurance. Specify: es. Do not include taxes deducted from your pay or included in lines 4 or 20. cify: allment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: Other. Specify: r payments of alimony, maintenance, and support that you did not report | 15a. \$ | 0.00 0.00 72.00 0.00 0.00 280.00 0.00 |
| not include insurance deducted from your pay or included in lines 4 or 20. Life insurance Health insurance Vehicle insurance Other insurance. Specify: S. Do not include taxes deducted from your pay or included in lines 4 or 20. Cify: allment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: Other. Specify: Transport that you did not report that you did not | 15b. \$ | 0.00 72.00 0.00 0.00 280.00 0.00 |
| Life insurance Health insurance Vehicle insurance Other insurance. Specify: es. Do not include taxes deducted from your pay or included in lines 4 or 20. cify: allment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: Other. Specify: r payments of alimony, maintenance, and support that you did not report | 15b. \$ | 0.00 72.00 0.00 0.00 280.00 0.00 |
| Vehicle insurance Other insurance. Specify: es. Do not include taxes deducted from your pay or included in lines 4 or 20. cify: allment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: Other. Specify: r payments of alimony, maintenance, and support that you did not report | 15c. \$ | 0.00 72.00 0.00 0.00 280.00 0.00 |
| Vehicle insurance Other insurance. Specify: es. Do not include taxes deducted from your pay or included in lines 4 or 20. cify: allment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: Other. Specify: r payments of alimony, maintenance, and support that you did not report | 15d. \$ | 72.00 0.00 0.00 280.00 0.00 0.00 |
| Other insurance. Specify: es. Do not include taxes deducted from your pay or included in lines 4 or 20. cify: allment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: Other. Specify: r payments of alimony, maintenance, and support that you did not report | 15d. \$ | 0.00 0.00 280.00 0.00 0.00 |
| es. Do not include taxes deducted from your pay or included in lines 4 or 20. cify: allment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: Other. Specify: r payments of alimony, maintenance, and support that you did not report | 16. \$ | 0.00 280.00 0.00 0.00 |
| cify: allment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: Other. Specify: r payments of alimony, maintenance, and support that you did not report | 17a. \$ | 280.00 0.00 0.00 |
| Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: Other. Specify: r payments of alimony, maintenance, and support that you did not report | 17b. \$17c. \$17d. \$ | 0.00 0.00 |
| Car payments for Vehicle 2 Other. Specify: Other. Specify: r payments of alimony, maintenance, and support that you did not report | 17b. \$17c. \$17d. \$ | 0.00 0.00 |
| Other. Specify: Other. Specify: r payments of alimony, maintenance, and support that you did not repo | 17c. \$17d. \$ | 0.00 |
| Other. Specify: r payments of alimony, maintenance, and support that you did not repo | 17d. \$ | |
| r payments of alimony, maintenance, and support that you did not repo | | 0.00 |
| | rt as | |
| ucted from your pay on line 3, Schedule 1, Your income (Official Form 10 | | 0.00 |
| er payments you make to support others who do not live with you. | \$ | 0.00 |
| cify: | 19. | 0.00 |
| er real property expenses not included in lines 4 or 5 of this form or on 3 | | |
| Mortgages on other property | 20a. \$ | 0.00 |
| Real estate taxes | 20b. \$ | 0.00 |
| Property, homeowner's, or renter's insurance | 20c. \$ | 0.00 |
| | · | 0.00 |
| | · — | 0.00 |
| | · | |
| | ∠1. †Φ | 0.00 |
| culate your monthly expenses | | |
| Add lines 4 through 21. | \$ | 2,344.00 |
| Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106 | 5J-2 \$ | · |
| | \$ | 2,344.00 |
| , , , | | 2,077.00 |
| • | | |
| | 23a. \$ | 2,347.42 |
| Copy your monthly expenses from line 22c above. | 23b\$ | 2,344.00 |
| Subtract your monthly expenses from your monthly income | | |
| | 23c. \$ | 3.42 |
| | L | |
| | Add line 22a and 22b. The result is your monthly expenses. culate your monthly net income. Copy line 12 (your combined monthly income) from Schedule I. Copy your monthly expenses from line 22c above. Subtract your monthly expenses from your monthly income. The result is your monthly net income. | Homeowner's association or condominium dues er: Specify: 21. +\$ culate your monthly expenses Add lines 4 through 21. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 Add line 22a and 22b. The result is your monthly expenses. culate your monthly net income. Copy line 12 (your combined monthly income) from Schedule I. Copy your monthly expenses from line 22c above. Subtract your monthly expenses from your monthly income. |

| modification to the t | enns of your mortgage: |
|-----------------------|------------------------|
| ■ No. | |
| ☐ Yes. | Explain here: |

Case 16-18652 Doc 1 Filed 06/06/16 Entered 06/06/16 12:36:54 Desc Main Document Page 33 of 52

| Fill in this inform | nation to identify your o | case: | | | |
|---------------------------------|---|---|-----------------------------|--------------------------|---|
| Debtor 1 | Matthew B Strelo | W | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| (Opodse II, IIIIIg) | i iist ivaine | Wilde Name | Lastivanie | | |
| United States Bar | nkruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS, EASTERN I | DIVISION | |
| Case number | | | | | |
| (if known) | | | | | ☐ Check if this is an |
| | | | | | amended filing |
| | | | | | |
| O#: a: a! | - 400D | | | | |
| Official Forn | | | | | |
| Declarat | ion About a | ın Individual | Debtor's Sc | hedules | 12/15 |
| You must file this | s form whenever you fil | e bankruptcy schedules of connection with a bankr | | laking a false statemen | nt, concealing property, or r imprisonment for up to 20 |
| Sign | n Below | | | | |
| Did you pay | or agree to pay some | one who is NOT an attorn | ey to help you fill out bar | nkruptcy forms? | |
| ■ No | | | | | |
| ☐ Yes. N | lame of person | | | | uptcy Petition Preparer's Notice, nd Signature (Official Form 119) |
| | ty of perjury, I declare t true and correct. | that I have read the sumn | nary and schedules filed v | with this declaration ar | nd |
| | thew B Strelow | | x | | |
| | w B Strelow e of Debtor 1 | | Signature of D | Debtor 2 | |

Date ____

Date **June 6, 2016**

Case 16-18652 Doc 1 Filed 06/06/16 Entered 06/06/16 12:36:54 Desc Main Document Page 34 of 52

| states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.) No Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H). Part 2 Explain the Sources of Your Income | | | | | | | |
|--|------------------|------------------------------|---|-----------------------------------|--------------------------------|------------------------------|----------------------|
| Debtor 2 Group of All High Name Last Hame | Fill in | this informa | ation to identify you | r case: | | | |
| Debtor 2 Scores I, Birg Fire Norme Mildle Norme Last Nurne Case number C | Debto | or 1 | | | | | |
| Check if this is an amended filling | Dobto | or 2 | First Name | Middle Name | Last Name | | |
| Case number Check if this is an amended filling Official Form 107 Statement of Financial Affairs for Individuals Filling for Bankruptcy Africance Check if this is an amended filling Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (it known). Answer every question. Ports: Give Details About Your Marital Status and Where You Lived Before What is your current marital status? | | | First Name | Middle Name | Last Name | | |
| Official Form 107 Statement of Financial Affairs for Individuals Filling for Bankruptcy 4/16 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (it known). Answer every question. Part 1: Give Details About Your Martial Status and Where You Lived Before Married Not marr | United | d States Banl | kruptcy Court for the: | NORTHERN DISTRICT (| OF ILLINOIS, EASTERN DIV | rISION | |
| Official Form 107 Statement of Financial Affairs for Individuals Filling for Bankruptcy 4/16 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (it known). Answer every question. Part 1: Give Details About Your Martial Status and Where You Lived Before Married Not marr | Casa | number | | | | | |
| Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy 4/16 Bo as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Give Details About Your Marital Status and Where You Lived Before 1. What is your current marital status? Married Not married 2. During the last 3 years, have you lived anywhere other than where you live now? No Yes. List all of the places you lived in the last 3 years. Do not include where you live now. Debtor 1 Prior Address: Dates Debtor 1 lived there Same as Debtor 1 lived there Same as Debtor 1 lived there Same as Debtor 1 Same as Debt | | | | | | | Check if this is an |
| Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Give Details About Your Marital Status and Where You Lived Before | | | | | | | amended filing |
| Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Give Details About Your Marital Status and Where You Lived Before | ~ ··· | – | 407 | | | | |
| Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Fart 1: Give Details About Your Marital Status and Where You Lived Before | | | | | | | |
| information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Give Details About Your Marital Status and Where You Lived Before 1. What is your current marital status? Married | Stat | ement | of Financial | Affairs for Individ | luals Filing for E | Bankruptcy | 4/10 |
| What is your current marital status? | | | | | | | |
| What is your current marital status? | | | | attach a separate sheet to th | iis form. On the top of any | additional pages, write your | name and case number |
| Married | Part 1 | Give De | etails About Your Ma | arital Status and Where You | Lived Before | | |
| Married | 1. W | /hat is vour | current marital statu | ıs? | | | |
| Not married | _ | _ | | | | | |
| 2. During the last 3 years, have you lived anywhere other than where you live now? No Yes. List all of the places you lived in the last 3 years. Do not include where you live now. Debtor 1 Prior Address: | | - Warnou | ied | | | | |
| No Yes. List all of the places you lived in the last 3 years. Do not include where you live now. Debtor 1 Prior Address: Dates Debtor 1 lived there Debtor 2 Prior Address: Dates Debtor 2 lived there | | | | | | | |
| Yes. List all of the places you lived in the last 3 years. Do not include where you live now. Debtor 1 Prior Address: Dates Debtor 1 lived there 9840 Giles Dr Mokena, IL 60448-7818 Prom-To: 2013-2014 Same as Debtor 1 Prom-To: Same as Debtor 1 Prom | 2. D | uring the las | st 3 years, have you | lived anywhere other than w | here you live now? | | |
| Debtor 1 Prior Address: Dates Debtor 1 lived there 9840 Giles Dr Mokena, IL 60448-7818 Prom-To: 2013-2014 Same as Debtor 1 From-To: 2013-2014 Same as Debtor 1 From-To: 3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.) No Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H). Part 2 Explain the Sources of Your Income 4. Did you have any income from employment or from operating a businessed, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. No Yes. Fill in the details. Debtor 1 Sources of income Check all that apply. Gross income (before deductions and exclusions) For last calendar year: (January 1 to December 31, 2015) Wages, commissions, bonuses, tips | |] No | | | | | |
| ## Same as Debtor 1 ## From-To: ## Same as Debtor 1 ## Same as Debtor | | Yes. List | all of the places you li | ved in the last 3 years. Do not i | nclude where you live now. | | |
| Mokena, IL 60448-7818 2013-2014 From-To: 3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.) No Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H). Part 2 Explain the Sources of Your Income 4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filling a joint case and you have income that you receive together, list it only once under Debtor 1. Debtor 1 Sources of income Check all that apply. Gross income (before deductions and exclusions) For last calendar year: (January 1 to December 31, 2015) Wages, commissions, bonuses, tips | 1 | Debtor 1 Pric | or Address: | | ived Debtor 2 Prior Ad | ddress: | |
| No Ves. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H). Part 2 Explain the Sources of Your Income 4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filling a joint case and you have income that you receive together, list it only once under Debtor 1. No Ves. Fill in the details. Debtor 1 Sources of income Check all that apply. For last calendar year: (January 1 to December 31, 2015) Wages, commissions, bonuses, tips | | | | | ☐ Same as Debtor | 1 | |
| Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. No No Pebtor 1 Sources of income Check all that apply. For last calendar year: (January 1 to December 31, 2015) For last calendar year: (January 1 to December 31, 2015) For last calendar year: (January 1 to December 31, 2015) | states ∎ □ | and territories No Yes. Mak | s include Arizona, Ca e sure you fill out <i>Sch</i> | lifornia, Idaho, Louisiana, Nev | ada, New Mexico, Puerto Ri | | |
| Test calendar year: (January 1 to December 31, 2015) Debtor 1 Sources of income Check all that apply. Gross income (before deductions and exclusions) Sources of income (before deductions and exclusions) Gross income (before deductions and exclusions) Sources of income (before deductions and exclusions) Wages, commissions, bonuses, tips | F | ill in the total | amount of income yo | u received from all jobs and a | II businesses, including part- | time activities. | dar years? |
| Debtor 1 Sources of income Check all that apply. For last calendar year: (January 1 to December 31, 2015) Debtor 2 Sources of income (before deductions and exclusions) Gross income (before deductions and exclusions) Sources of income (before deductions and exclusions) Wages, commissions, bonuses, tips | |] No | | | | | |
| Sources of income Check all that apply. Gross income (before deductions and exclusions) For last calendar year: (January 1 to December 31, 2015) Sources of income (before deductions and exclusions) Gross income (before deductions and exclusions) Wages, commissions, bonuses, tips | | Yes. Fill i | n the details. | | | | |
| Check all that apply. (before deductions and exclusions) Check all that apply. (before deductions and exclusions) Check all that apply. (before deductions and exclusions) The wages, commissions, bonuses, tips The wages, commissions, bonuses, tips The wages is a series of the wages, commissions, bonuses, tips The wages is a series of th | | | | Debtor 1 | | Debtor 2 | |
| (January 1 to December 31, 2015) Wages, commissions, bonuses, tips Discretely bonuses, tips | | | | | (before deductions and | | (before deductions |
| | | | • | | \$44,207.00 | _ | |
| | | | | _ | | ☐ Operating a business | |

Doc 1 Filed 06/06/16 Entered 06/06/16 12:36:54 Desc Main Case 16-18652 Page 35 of 52
Case number (if known)

Document Debtor 1 Strelow, Matthew B

| | | | Debtor 1 | Debtor 1 | | | | | Debtor 2 | | | |
|---|---|----------------|--|------------------------------------|---|----------------|---|--------------|---|---|---|--|
| | | | Sources of income Check all that apply. Wages, commissions, bonuses, tips | | Gross income (before deductions and exclusions) \$35,033.00 | | Sources of income Check all that apply. Wages, commissions, bonuses, tips Operating a business | | Gross income (before deductions and exclusions) | | | |
| | | | | | | | | | | | | |
| | | | ☐ Operating a business | | | | | | | | | |
| 5. | Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. | | | | | | | | | | | |
| | ■ No □ Yes. | Fill in the de | etails. | | | | | | | | | |
| | | | | Debtor 1 | | | | | Debtor 2 | | | |
| | | | | Sources of Describe be | | each (befor | s income from source re deductions and sions) | | Sources of inc Describe below. | | Gross income (before deductions and exclusions) | |
| Pa | rt 3: Lis | t Certain Pa | yments You | Made Before | e You Filed for E | Bankrupt | cy | | | | | |
| No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "inclindividual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more? No. Go to line 7. Yes List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amoun creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do payments for domestic support obligations, such as child support and alimony. Also, do not include payments to a this bankruptcy case. Creditor's Name and Address Dates of payment Total amount Amount you Was this payment | | | | | | | | | tal amount you paid that r. Also, do not include | | | |
| | | | | | . , | | paid | | still owe | | | |
| | US Bank PO Box 5229 Cincinnati, OH 45201-5229 | | | Each month from 2014 to Present | | \$1,157.00 | | \$135,392.00 | ■ Mortgag □ Car □ Credit C □ Loan Re □ Supplier □ Other | ard epayment s or vendors | | |
| | 480 Jef | ferson Blv | One Auto Finance rson Blvd RI 02886-1359 | | Each month commencing on December 2013 - Present | | \$280.00 | | \$0.00 | ☐ Mortgag ☐ Car ☐ Credit C ☐ Loan Re ☐ Supplier | ard | |

Other

Case 16-18652 Doc 1 Filed 06/06/16 Entered 06/06/16 12:36:54 Desc Main Document Page 36 of 52

| Del | Strelow, Matthew B | | Cas | e number (if known) | | | | | | | | |
|-----|--|---|---------------------------------|----------------------|-----------------------------------|-----------------------------------|--|--|--|--|--|--|
| | | | - | | | | | | | | | |
| 7. | Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. | | | | | | | | | | | |
| | ■ No □ Yes. List all payments to an insider. | | | | | | | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for | this payment | | | | | | |
| 8. | Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. | | | | | | | | | | | |
| | ■ No□ Yes. List all payments to an insider | | | | | | | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | | or this payment reditor's name | | | | | | |
| Por | Itt 4: Identify Legal Actions, Repossession | no and Faranlacuras | | | | | | | | | | |
| | □ No ■ Yes. Fill in the details. Case title Case number | Nature of the case | Nature of the case | | | ne case | | | | | | |
| | Workman's Compensation Case filed on 3/29/16 16WC09894 | Worker's Compensation, Industrial Commission | Worker's Comp Industrial Com | | ■ Pending □ On appeal □ Concluded | | | | | | | |
| 10. | Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. | | | | | | | | | | | |
| | Creditor Name and Address | Describe the Property | Date | | | | | | | | | |
| | | Explain what happened | d | | | property | | | | | | |
| 11. | Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? No | | | | | | | | | | | |
| | Yes. Fill in the details. | | | | | | | | | | | |
| | Creditor Name and Address | Describe the action the | Date : | action was | Amount | | | | | | | |

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

■ No

☐ Yes

Doc 1 Filed 06/06/16 Entered 06/06/16 12:36:54 Desc Main Case 16-18652

Page 37 of 52
Case number (if known) Document Debtor 1 Strelow, Matthew B

| Pai | t 5: List Certain Gifts and Contributions | | | | | | | |
|-----|---|---------|---|-----------------------------------|------------------------|--|--|--|
| 13. | Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? ■ No □ Yes. Fill in the details for each gift. | | | | | | | |
| | Gifts with a total value of more than \$600 per person | | Describe the gifts | Dates you gave the gifts | Value | | | |
| | Person to Whom You Gave the Gift and Address: | | | | | | | |
| 14. | Within 2 years before you filed for bankrup ■ No □ Yes. Fill in the details for each gift or continuous con | - | lid you give any gifts or contributions with a total | value of more than \$ | 600 to any charity? | | | |
| | Gifts or contributions to charities that tot more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code) | tal | Describe what you contributed | Dates you contributed | Value | | | |
| Pai | t 6: List Certain Losses | | | | | | | |
| 15. | Within 1 year before you filed for bankrupt or gambling? ■ No □ Yes. Fill in the details. | cy or | since you filed for bankruptcy, did you lose anyth | ing because of theft, | fire, other disaster, | | | |
| | how the loss occurred | Include | the any insurance coverage for the loss the amount that insurance has paid. List pending the claims on line 33 of Schedule A/B: Property. | Date of your loss | Value of property lost | | | |
| Pai | t 7: List Certain Payments or Transfers | | | | | | | |
| 16. | consulted about seeking bankruptcy or pro | eparin | d you or anyone else acting on your behalf pay or g a bankruptcy petition? or credit counseling agencies for services required in y | | y to anyone you | | | |
| | □ No | | | | | | | |
| | Yes. Fill in the details. | | | | | | | |
| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Yo | u | Description and value of any property transferred | Date payment or transfer was made | Amount of payment | | | |
| | George Lattas 900 N Franklin St Ste 500 Chicago, IL 60610-8104 | | 1600.00 | | \$0.00 | | | |
| 17. | Within 1 year before you filed for bankrupt promised to help you deal with your credit Do not include any payment or transfer that you | ors or | | transfer any propert | y to anyone who | | | |
| | ☐ Yes. Fill in the details. | | | | | | | |
| | Person Who Was Paid Address | | Description and value of any property transferred | Date payment or transfer was made | Amount of payment | | | |

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include

Case 16-18652 Doc 1 Filed 06/06/16 Entered 06/06/16 12:36:54 Desc Main Document Page 38 of 52 Case number (if known)

Debtor 1 Strelow, Matthew B gifts and transfers that you have already listed on this statement. No Yes. Fill in the details. **Person Who Received Transfer** Description and value of Describe any property or Date transfer was property transferred payments received or debts Address made paid in exchange Person's relationship to you 19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) Yes. Fill in the details. Name of trust Description and value of the property transferred **Date Transfer was** made Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. No Yes. Fill in the details. Name of Financial Institution and Last 4 digits of Type of account or Date account was Last balance before Address (Number, Street, City, State and ZIP account number instrument closed, sold, closing or transfer Code) moved, or transferred First Midwest Bank XXXX-June 2015 \$0.00 Checking 800 S State St □ Savings Lockport, IL 60441-3434 ■ Money Market □ Brokerage □ Other 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? No ☐ Yes. Fill in the details. Name of Financial Institution Describe the contents Do you still Who else had access to it? Address (Number, Street, City, State Address (Number, Street, City, State and ZIP Code) have it? and ZIP Code) 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? ☐ Yes. Fill in the details. Name of Storage Facility Who else has or had access Describe the contents Do you still to it? have it? Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) Part 9: Identify Property You Hold or Control for Someone Else Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. No Yes. Fill in the details. Owner's Name Where is the property? Describe the property Value

(Number, Street, City, State and ZIP

Code)

Address (Number, Street, City, State and ZIP Code)

Entered 06/06/16 12:36:54 Desc Main Case 16-18652 Doc 1 Filed 06/06/16 Page 39 of 52 Case number (if known) Document

Debtor 1 Strelow, Matthew B

| Part 10: | Give Details About Environmental Information |
|------------|--|
| For the pu | rpose of Part 10, the following definitions apply: |

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.

| | | | , | | | | | |
|-----|---|--|---|-------|--|--------------------|--|--|
| | Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used town, operate, or utilize it, including disposal sites. | | | | | | | |
| | | zardous material <mark>means anything an envi</mark> terial, pollutant, contaminant, or similar t | | raste | e, hazardous substance, toxic su | bstance, hazardous | | |
| Rep | ort a | III notices, releases, and proceedings tha | at you know about, regardless of when t | ney o | occurred. | | | |
| 24. | Has | any governmental unit notified you that | you may be liable or potentially liable u | nde | r or in violation of an environme | ntal law? | | |
| | | No | | | | | | |
| | | Yes. Fill in the details. | | | | | | |
| | | me of site Idress (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | | Environmental law, if you know it | Date of notice | | |
| 25. | Hav | ve you notified any governmental unit of | any release of hazardous material? | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | | me of site Idress (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | | Environmental law, if you know it | Date of notice | | |
| 26. | Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. No Yes. Fill in the details. | | | | | | | |
| | | se Title se Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nat | ure of the case | Status of the case | | |
| Pai | rt 11: | Give Details About Your Business or | Connections to Any Business | | | | | |
| | | | - | of th | ne following connections to any | husiness? | | |
| | Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time | | | | | | | |
| | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) | | | | | | | |
| | ☐ A partner in a partnership | | | | | | | |
| | _ ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` | | | | | | | |
| | ☐ An officer, director, or managing executive of a corporation | | | | | | | |
| | ☐ An owner of at least 5% of the voting or equity securities of a corporation | | | | | | | |
| | _ | No. None of the above applies. Go to P | | | | | | |
| | | Yes. Check all that apply above and fill | | | | | | |
| | Business Name Address (Number, Street, City, State and ZIP Code) | | Describe the nature of the business Name of accountant or bookkeeper | | Employer Identification numbe Do not include Social Security | | | |
| | | | | | Dates business existed | | | |
| | | | | | | | | |

Page 40 of 52 Document ase number (if known) Debtor 1 Strelow, Matthew B Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No Yes. Fill in the details below. **Date Issued** Name **Address** (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Matthew B Strelow Matthew B Strelow Signature of Debtor 2 Signature of Debtor 1 Date June 6, 2016 Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

Entered 06/06/16 12:36:54

Case 16-18652

Doc 1

Filed 06/06/16

☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Case 16-18652 Doc 1 Filed 06/06/16 Entered 06/06/16 12:36:54 Desc Main Document Page 41 of 52

| Elli to di ta tofano | | | | 1 |
|---------------------------------------|--|-----------------------|---|---|
| Fill in this inform | nation to identify your o | ase: | | 4 |
| Debtor 1 | Matthew B Strelo | Middle Name | Last Name | |
| Debtor 2 | ristrano | Wildale Name | East Name | (|
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bar | nkruptcy Court for the: | NORTHERN DIST | RICT OF ILLINOIS, EASTERN DIVISION | |
| Case number | | | | |
| (if known) | | | | ☐ Check if this is an |
| | | | | amended filing |
| | | | | |
| Official For | rm 108 | | | |
| | | n for Indiv | iduals Filing Under Chapt | tor 7 |
| Otatemer | it of intentio | ii ioi iiiaiv | riduals i lillig Olider Oliapi | ter / 12/15 |
| If you are an indiv | vidual filing under chap | ter 7, you must fill | out this form if: | |
| | claims secured by you | - | | |
| | ed personal property a | | | |
| | | | ou file your bankruptcy petition or by the date set time for cause. You must also send copies to the | |
| the form | | o court oxtoriae tile | and the saucer rea much also some sopies to the | or cancer canal recoors you not on |
| | ople are filing together e the form. | in a joint case, both | n are equally responsible for supplying correct inf | ormation. Both debtors must sign |
| | | | | |
| | nd accurate as possible our name and case num | | needed, attach a separate sheet to this form. On th | ie top of any additional pages, |
| | | | | |
| Part 1: List Yo | our Creditors Who Have | Secured Claims | | |
| • | • | rt 1 of Schedule D: | Creditors Who Have Claims Secured by Property | (Official Form 106D), fill in the |
| information bel Identify the cre | low. editor and the property the | nat is collateral | What do you intend to do with the property that secures a debt? | t Did you claim the property as exempt on Schedule C? |
| | | | | |
| Creditor's Ci | itizens One Auto Fir | 1 | ☐ Surrender the property. | □ No |
| name: | | | Retain the property and redeem it. | |
| Description of | 2013 Hyundai San | to Eo | ■ Retain the property and enter into a Reaffirmation | n ■ Yes |
| property | 2013 Hyundai San | іа ге | Agreement. | |
| securing debt: | | | ☐ Retain the property and [explain]: | |
| · · | | | | _ |
| | ur Unexpired Personal | | Cabadula C. Fusantam Contracts and Husanian | d Lanca (Official Form 4000) fill in |
| | | | n Schedule G: Executory Contracts and Unexpired ired leases are leases that are still in effect; the lea | |
| | | | ustee does not assume it. 11 U.S.C. § 365(p)(2). | • |
| Describe vour ur | nexpired personal prop | ertv leases | | Will the lease be assumed? |
| · | | • | | _ |
| Lessor's name: Description of leas | sed | | | □ No |
| Property: | | | | ☐ Yes |
| | | | | _ |
| Lessor's name: Description of leas | hes | | | □ No |
| Property: | 30u | | | ☐ Yes |
| | | | | |
| Lessor's name: | | | | □ No |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

Case 16-18652 Doc 1 Filed 06/06/16 Entered 06/06/16 12:36:54 Desc Main Document Page 42 of 52

| Debtor | · 1 _ | Strelow | , Matthew B | | Case number (if known) | |
|-------------------------------|-------|--------------------|---|---------------------------------|---------------------------------|------------------------------|
| Dogori | ntion | of leased | | | | |
| Proper | | oi ieased | | | | ☐ Yes |
| Lessor | | me: of leased | | | | □ No |
| Proper | | oi leaseu | | | | ☐ Yes |
| Lessor | | me: of leased | | | | □ No |
| Proper | | or icascu | | | | ☐ Yes |
| Lessor | | me: of leased | | | | □ No |
| Proper | | or icascu | | | | ☐ Yes |
| Lessor | | | | | | □ No |
| Descri _j Proper | | of leased | | | | ☐ Yes |
| Part 3: | s | ign Belo | w | | | |
| | | | jury, I declare that I have i ect to an unexpired lease. | ndicated my intention about any | property of my estate that secu | ures a debt and any personal |
| X /s | s/ Ma | atthew E | 3 Strelow | X | | |
| | | new B Source of De | | Sign | nature of Debtor 2 | |
| D | ate | June | e 6, 2016 | Date | | |

Case 16-18652 Doc 1 Filed 06/06/16 Entered 06/06/16 12:36:54 Desc Main Document Page 43 of 52

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Northern District of Illinois, Eastern Division

| In re | Strelow, Matthew B | | Case No. | | |
|-------------|---|------------------------------------|------------------------|-------------------------|--------------|
| | | Debtor(s) | Chapter | 7 | |
| | DISCLOSURE OF COMPE | NSATION OF ATTO | RNEY FOR D | EBTOR | |
| c | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(ompensation paid to me within one year before the filing e rendered on behalf of the debtor(s) in contemplation o | g of the petition in bankruptcy | , or agreed to be paid | d to me, for services r | |
| | For legal services, I have agreed to accept | | \$ | 1,515.00 | |
| | Prior to the filing of this statement I have received | | \$ | 1,515.00 | |
| | Balance Due | | \$ | 0.00 | |
| 2. T | The source of the compensation paid to me was: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 3. T | The source of compensation to be paid to me is: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 4. I | I have not agreed to share the above-disclosed compe firm. | ensation with any other person | unless they are men | nbers and associates o | of my law |
| [| ☐ I have agreed to share the above-disclosed compensation copy of the agreement, together with a list of the name | | | | law firm. A |
| 5. I | n return for the above-disclosed fee, I have agreed to rer | nder legal service for all aspec | ts of the bankruptcy | case, including: | |
| b c | Analysis of the debtor's financial situation, and render Preparation and filing of any petition, schedules, state Representation of the debtor at the meeting of creditor [Other provisions as needed] | ement of affairs and plan which | h may be required; | - | kruptcy; |
| 6. E | By agreement with the debtor(s), the above-disclosed fee | does not include the followin | g service: | | |
| | | CERTIFICATION | | | |
| | certify that the foregoing is a complete statement of any ankruptcy proceeding. | agreement or arrangement fo | r payment to me for | representation of the | debtor(s) in |
| Jι | ine 6, 2016 | /s/ George Lattas | | | |
| Da | ate | George Lattas Signature of Attorne | nv. | | |
| | | George Lattas | y | | |
| | | 900 N Franklin St | Ste 500 | | |
| | | Chicago, IL 60610 | | | |
| | | gdl@lattaslaw.co | m | | |
| | | Name of law firm | | | |

Case 16-18652 Doc 1 Filed 06/06/16 Entered 06/06/16 12:36:54 Desc Main Document Page 44 of 52 United States Bankruptcy Court Northern District of Illinois, Eastern Division

| IN RE: | | Case No |
|---|------------------------------|---|
| Strelow, Matthew B | | Chapter 7 |
| | Debtor(s) | · - |
| | VERIFICATION OF CRI | EDITOR MATRIX |
| | | Number of Creditors18 |
| The above-named Debtor(s) Date: June 6, 2016 | · | rs is true and correct to the best of my (our) knowledge. |
| Date. Julie 6, 2016 | /s/ Matthew B Strelow Debtor | |
| | Joint Debtor | |
| | | |

Associated Urological Specialists 8615 Soultion Ctr Chicago, IL 60677

Associated Urological Specialists 8615 Solutions Ctr Chicago, IL 60677-8006

Bk of Amer PO Box 982238 El Paso, TX 79998-2238

Citizens One Auto Fin 480 Jefferson Blvd Warwick, RI 02886-1359

Dr. Nittor R. Jayaram 17031 Harlem Ave Tinley Park, IL 60477-2739

Flagstar Bank 5151 Corporate Dr Troy, MI 48098-2639

Ing Lam, MD
9611 165th St Ste 13
Orland Park, IL 60467-5685

Kohls/capone N56 W 17000 Ridgewood Dr Menomonee Falls, WI 53051

Lab Corp PO Box 2240 Burlington, NC 27216-2240

Northwestern Medicine 28155 Network Pl Chicago, IL 60673-1281

O'Reilly Physician Consultants 12150 S Harlem Ave Palos Heights, IL 60463-1435

Palos Anesthesia Associates 12251 S 80th Ave Palos Heights, IL 60463-1256

Palos Community Hospital 12251 S 80th Ave Palos Heights, IL 60463-1256

Performance Foot and Ankle Ctr 401 E 162nd St Ste 101 South Holland, IL 60473-2237

Primary Health 16512 106th Ct Orland Park, IL 60467-4547

US Bank 4325 17th Ave S Fargo, ND 58125-6200

US Bank 1850 Osborn Ave Oshkosh, WI 54902-6197

US Bank Home Mortgage PO Box 20005 Owensboro, KY 42304-0005

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation | |
|------------|--------------------|--|
| \$245 | filing fee | |
| \$75 | administrative fee | |
| + \$15 | trustee surcharge | |
| \$335 | total fee | |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee \$1.717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. $_{B201B\;(Form\;2GBS; \underline{e}_{2},\underline{h},\underline{6}\text{--}18652}$

Doc 1 Filed 06/06/16

Entered 06/06/16 12:36:54

Desc Main

Document Page 52 of 52 United States Bankruptcy Court

Northern District of Illinois, Eastern Division

| IN RE: | | Case No. |
|--------------------|-----------|-----------|
| Strelow, Matthew B | | Chapter 7 |
| | Debtor(s) | • |

CERTIFICATION OF NOTICE TO CONSUMER DEBTOR(S) LINDER \$ 342(b) OF THE RANKPUPTCY CODE

| UNDER | 542(b) OF THE BANKKUPTCT COI | DE. |
|--|--|---|
| Certificate of | Non-Attorney] Bankruptcy Petition Pr | eparer |
| I, the [non-attorney] bankruptcy petition preparer notice, as required by § 342(b) of the Bankruptcy | | nat I delivered to the debtor the attached |
| Printed Name and title, if any, of Bankruptcy Pet Address: | pet the pri | cial Security number (If the bankruptcy ition preparer is not an individual, state Social Security number of the officer, neipal, responsible person, or partner of bankruptcy position propers.) |
| X | | bankruptcy petition preparer.) equired by 11 U.S.C. § 110.) |
| Signature of Bankruptcy Petition Preparer of office partner whose Social Security number is provided | | |
| | Certificate of the Debtor | |
| I (We), the debtor(s), affirm that I (we) have rece | ived and read the attached notice, as required | by § 342(b) of the Bankruptcy Code. |
| Strelow, Matthew B | X /s/ Matthew B Strelow | 6/06/2016 |
| Printed Name(s) of Debtor(s) | Signature of Debtor | Date |
| Case No. (if known) | X | |
| | Signature of Joint Debt | or (if any) Date |

Instructions: Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) only if the certification has NOT been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

© 2016 CINgroup 1.866.218.1003 - CINcompass (www.cincompass.com)